'Crackpots and Basket-cases: A history of therapeutic work and occupation.
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Abstract

Despite the long history of beliefs about the therapeutic properties of work for people with mental ill health, rarely has therapeutic work itself been a focus for historical analysis. In this article, the development of a therapeutic work ethic (1813-1979) is presented, drawing particular attention to the changing character and quality of beliefs about therapeutic work throughout time. From hospital factories to radical 'anti-psychiatric' communities, the paper reveals the myriad forms of activities that have variously been considered fit work for people with mental health problems. Whilst popular stereotypes of basket-weaving paint a hapless portrait of institutional work, a more nuanced reading of therapeutic work and its political and philosophical commitments is incited. The paper concludes by arguing that the non-linear and inherently contested development of therapeutic work is less the effect of paradigmatic shifts within the therapeutic professions, but rather evidence of a broader human struggle with work.

Introduction

Since Galen's oft-cited proclamations (c.AD170) that work is 'nature's physician', western history has revealed a longstanding fascination with the therapeutic properties of work for people with mental health difficulties. Whilst such heritage is often referenced (particularly in documents aimed at the rehabilitative professions), rarely is the notion of work itself the central focus of historical accounts. In this article, I attempt to bring to the fore the rich and complex history of what we now think of as 'therapeutic' work, focusing particularly on the meaning and character of work as they have changed across time.

The historical development of beliefs and practices surrounding the supposed therapeutic qualities of work has interest to the contemporary scholar for multiple reasons. First, in an era of increasing 'workfare' policies on both sides of the Atlantic, beliefs in the healthful properties of work have become a politically virulent (although comparatively under-theorised) concept in justifying the return of individuals on sickness-related benefits to the free labour market. Second, whilst the notion has become commonplace that employment can restore mental health, specifically 'therapeutic' occupations for the mentally ill have fallen out of favour as relics of an older-fashioned and prejudicial era of mental health care (the stigmatised images of basket-weaving, and relatedly, 'basket-cases' in occupational therapy will be considered later in the text). Although the history presented in this article stops short of the 1980s conservatism to which many of these changes can be

attributed, exposing the varied and contested course of therapeutic work throughout earlier ages of psychiatric care offers one valuable means of examining the assumed 'naturalness' of the concept as it appears today.

In what might be termed loosely as a 'history of ideas' approach (Lovejoy, 1936), the article revolves around a set of discrete 'moments' or 'passing points' in which some key transitions or contestations in the history of therapeutic work arise, with particular focus on Britain and North America. Rather than offering a comprehensive account of work-based treatments, such episodes allow instead for the in-depth exploration of several recurring contestations or tensions in the history of the philosophy and practice of work therapy: first, the tension between 'ordinary' work and specifically therapeutic or sheltered work; second, the tension between work in an external reality and an introspective 'work on the self'; finally, the questionable status that therapeutic employment has offered to psychiatric patients vis-à-vis wider society in terms of economics, policy and politics. As will be discussed in the final section, the enactment of such tensions is presented not as epochal moments but recurring struggles indicative of our human connectedness to work rather than solely the response to particular social and cultural forces.

Before going further (and without much ado), two preliminary peculiarities should be addressed in the existing literature on the subject. For forty years since the publication of *Madness and Civilisation*, references to work-based therapies in critical scholarship have rested almost exclusively on a Foucauldian account of institutionalised work as a form of disciplining unruly selves (what, in later writings, would become known as Foucault's 'governmentality' thesis –see Bracken (1995) and Lilleleht (2002) for examples). Whilst these insights undoubtedly hold value, it is my belief that such frameworks have subsumed other equally interesting points of critique in the history of therapeutic work. Conversely, in those accounts of institutional work which have been written from the perspective of the developing occupational therapy professions (a rich and helpful body in general), Foucauldian accounts – and indeed most other critical approaches – have curiously been neglected (it is indicative, for example, that not one of the occupational therapy publications I cite in this paper detail Foucault in its bibliographies). Whilst the contributions of both literatures are important, this paper should in part be read as a gentle critique (or at least modification) of both perspectives. For readers seeking further reading, Serrett (1985), Paterson (2002), Kielhofner (2004), Mocellin's two papers (1995; 1996) and Hocking's trio (2008a; 2008c; 2008b) all provide helpful and philosophically informed starting points.

In what follows, four central 'passing points' will be discussed – nineteenth century 'moral treatment'; turn-of-the-century occupational therapy; 1950s postwar medical reductionism; and 1960s 'anti'-psychiatry. Such moments constitute four of many possible nexus and are thus necessarily selective. Readers are encouraged to note overlaps (both temporal and conceptual) between episodes.

(I) York, England, UK, 1813

Whilst records as early as the third century have evidenced supervised occupations such as basket- and mat-weaving being offered to pauper lunatics in the monasteries (Applebaum, 1992), the most conventional starting point for a history of therapeutic work (and the target of Foucault's tirade also) is the eighteenth century reforms of the asylum system that became known as 'moral treatment' (Scull, 1981; Doerner, 1981; Foucault, 1967). In short, moral treatment (or moral therapy, as it was later termed) marked the shift from an earlier era of simply incarcerating lunatics to a systematic attempt at providing psychosocial treatment for people with mental health problems. The format,

developed in several independent communities across Europe at the time, provided small family-run retreats in pleasant surroundings for people in mental distress to take time to recover their rational faculties. Participation in work activities formed a central part of the therapeutic regime and, in comparison to the older administrative hospitals in which inmates passed the majority of hours chained and in solitude, patients were instead set to work on the gardens, stables and workshops that surrounded the asylum. Notionally, the location for this first passing point is 1813, England, upon publication of the first manuscript dedicated solely to the methods and philosophies of William Tuke's pioneering moral therapy retreat near York, in which regular employment was proclaimed the 'most efficacious' intervention in inducing recovery (Tuke, 1813: 156).

The role of work in moral therapy was tightly bound with the philosophy on which the retreats were founded. Famously, Foucault's contention with moral treatment (that which would become known as the 'governmentality' thesis) was that the apparently philanthropic rejection of physical restraint in favour of psychological interventions simply replaced the disciplining of bodies with the disciplining of minds; however, for Tuke and associates there was nothing clandestine about this. Moral therapy rested on a mixed philosophical heritage of Enlightenment faith in reason, burgeoning capitalist rational self-interest and (at the York Retreat) the Quaker ethics of prudence and self-control. At the core of such philosophy, Tuke and others argued that the madman or madwoman was not radically different from the rest of humanity, but rather that through engaging with the patient as a rational being *and encouraging him or her to behave the same way*, madness could be cured. The cultivation of self-discipline was thus the *modus operandi* within the Retreat and asylum texts made explicit that patients were to be released from their restraints only on the understanding that they then agreed to control themselves (Tuke, 1813: 160). Work – that traditionally most disciplined of activities – was thus the perfect companion to such therapy and 'employment in various occupations was *expected* as a way for the patient to maintain control over his or her disorder' (Bing, 1981: 31, my emphasis).

What can be said about the meaning of work in the age of moral treatment? First, moral therapy was *not* a work cure in the sense that therapeutic work was somehow held separate to other aspects of life in the asylum. Rather, life in the Retreat thrived on a holistic organisation of time which took as its guiding principle the daily balance of work, rest and worship. The exquisite physical surroundings (farms and gardens) that formed the landscape of recovery were also bound closely to this work: whilst the asylum's extensive grounds had first been purchased to provide patients with outdoor work, conversely, farm work and garden work undertaken by patients simultaneously became essential to the upkeep of the asylums (Philo, 2004).

Second, conceptions of work in moral therapy did not draw a harsh distinction between the therapeutic work of patients and the (paid-for) work of staff. Patients and staff worked alongside one another in the farm and kitchens and (whilst such position is somewhat hard to conceive given the barrage of medical and criminal record checks that face individuals with psychiatric histories seeking sensitive employment today) recovered patients were not only permitted to stay on as employees in the retreats, but were actively selected for such positions due to their perceived sensibilities in dealing with newer admissions (Gerard, 1997). Leading from this, the emergence of such 'care work' in the asylums – conjoined with other developments such as the introduction of petting animals in the farmyard to 'awaken the benevolent feelings' (Tuke, 1813: 96) – marked the emergence of a new kind of ethical or affective relationship between worker and work (such affect would have differed greatly both from the meaner labour of the workhouses, and also from the patient-to-patient relations of the administrative hospitals in which more acquiescent patients would be tasked to deliver beatings to their more vulnerable peers (Foucault, 1967)). Alongside the

increasing morality of attitudes toward 'madmen', in moral therapy, work was also entering a new moral space.

Whilst Foucault's reading of moral therapy may indeed have become all-consuming in contemporary histories of psychiatry, the issue of 'governmentality' or the relation of moral treatment to the burgeoning capitalist state remains an interesting one. For Foucault and many other sceptics, moral therapy was very much an instrument of both state and the bourgeoisie – a mechanism through which to 'remodel the lunatic into something approximating the bourgeois ideal of the rational individual' (Scull, 1981:111).

However, more properly, moral therapy held an ambivalent relationship with the accelerating forces of industrialism and the market place. Whilst moral treatment unarguably instilled in the patient the values of self-interest and self-discipline essential for capitalist industrialism, for the moral therapists, mental illness was also considered an *environmental* disease exacerbated by smoky chimneys and overcrowded factory work (Philo, 2004). The proponents of moral treatment were no strangers to the mass resistance to industrialism that had swept the country in the first quarter of the century (indeed Tuke's *Description of the Retreat* was published just one year after the ferocious clash between Luddites and the British Army at York). Similarly, the broader ethic of work apparent in the retreats owed little to the developing consciousness of the capitalists:

> It is not enough to have the insane playing the part of busy automatons. There must be an active, and, if possible, willing participation on the part of the labourer, and such portion of interest, amusement, and mental exertion associated with the labour, that neither lassitude nor fatigue may follow (William Browne, Monrose Asylum, Dundee, 1837: 33).

As discussed at length by others, by the mid-nineteenth century, under the combined strains of overcrowding and corruption, as industrialisation proceeded moral treatment gave way once more to a primarily 'warehousing' model of incarcerating lunatics. Work did not disappear at this time, with hospital farms and laundries 'employing' large numbers of inmates (although few such positions were paid). However, interest in the *therapeutic* value of such employment was minimal, and justifications instead rested on more simple economic and managerial goals. Remembering a fact-finding mission to these large-scale state institutions in 1882, reformer of the American psychiatric system, Adolf Meyer, recalls:

> The committee had visited European institutions and had been especially impressed by the use of occupation as a substitute for restraint. But they had a fear that the presence of *private* patients would interfere with the introduction of occupation […] This represents the attitude of many hospital men of the time. Industrial shops and work in laundry and kitchen and on the wards were very largely planned to relieve the employees. A new step was to arise from a freer conception of work… (Meyer, 1922: 2)

For Meyer, commitment to such a 'freer' conception of work, and its therapeutic possibility for the mentally distressed, became a cornerstone of psychiatric reform. Meyer's 'next step' (as psychiatric histories will conventionally recount) was the birth of a distinctive set of practices that became known eventually as occupational therapy (OT). The birth of this new profession is the subject of the next section.

(II) Massachusetts, USA, 1904

Notionally, the location for this passing point is 1904, Marblehead, Massachusetts, whereupon the physician Herbert Hall founded a sanatorium called Handicrafts Shops in collaboration with

craftswoman Jessie Luther. However, professional organisation of OT did not begin until the mass return of shell-shocked soldiers at the end of the First World War, and the term 'occupational therapy' was not coined until 1914 at a professional meeting in New York. The movement arrived in Britain a decade later, when Scottish-born Margaret Fulton became Britain's first qualified OT at the Aberdeen Royal Asylum (Paterson, 2002; Reed, 2005).

Like moral treatment, occupational therapy held a tense relationship with broader social trends in work and employment. Early pioneers were influenced heavily by the progressivist Arts and Crafts movement in Europe and similarly lamented the shift from farm to factory work and from traditional craftsmanship to mass production; trends which had only accelerated from the days of Tuke at the York Retreat. In America, neurasthenia – a nervous exhaustion caused by overwork and overcivilisation – was seen as the malaise of the era and many of occupational therapy's first patients were neurasthenics (Gijswijt-Hofstra and Porter, 2001; Lears, 2009). However, the nascent occupational therapy also developed as a motion against the increasingly fashionable mode of treatment for mental illness in which invalids (usually female) were confined to total bed-rest and not even permitted the 'work' of sitting up. Unlike proponents of this 'rest cure' (Weir-Mitchell, 1884), Hall and colleagues insisted it was poor working practices rather than work itself that were the cause of nervous illness and that conversely the sense of mastery gained through appropriate work was essential for recovery. Through a return to traditional crafts such as basket-weaving and pottery making, the early occupational therapists thus sought to rescue a restorative work ethic both from the degrading practices of factory work and from the quiet despotism of bed-rest and, in doing so, rescue the soul of the patient:

> It is evident that hand-weavers cannot expect to compete with power looms. Yet with the care and skill available in a hand weaving shop it is possible with special oversight of the workers to turn out products which the power looms could never accomplish and which are eagerly sought because of their charm and interest. There under the influence of quiet work, [the patient] will forget and leave behind her symptoms by the acquirement of courage and self control ... Such briefly is the idea of the work cure (Hall and Buck, 1915: xxiii-xxiv).

Whilst work was more extensively theorised in occupational therapy than in the earlier moral treatment, the single greatest significance of OT for a concept of therapeutic work is perhaps harder to judge. Whilst moral treatment (which many have considered a 'pre-paradigm' for the professionalised OT) had focused largely on the powers of work to restore reason in the patient, occupational therapy expressed a growing belief in the therapeutic effects of quality workmanship in and of itself (Hocking, 2008a). Appreciation and mastery of a craft were central for the developing profession and, like the Hall-Luther collaboration at Marblehead, early practitioners included craftspeople, musicians and artisans as well as clinical attendants. The recovery of the patient was considered to link closely with the therapist's reverence for his or her own work. In such an atmosphere, teaching thus acquired an almost religious significance and craftspeople stood on equal footing with clinical staff. In time, instructors also included older patients who had become skilful in their occupation and, alongside handicrafts, teaching thus became another form of work considered suitable for recovering nervous patients (Hall and Buck, 1915; Spackman, 1968).

However, whilst the influence of the Arts and Crafts movement was important to the concept of work in the early OT years, perhaps more significant still was the emergence of a specifically *therapeutic* (systematised and strategic) understanding of work that arose from out of this discourse. In moral therapy, the view of the healthy life had been a properly holistic position: grounds needed groundsmen and patients were in need of grounded activities; therapeutic elements of work were thus more or less seamless with the economic needs of the asylum. Managers of the retreats considered

work to be *naturally* beneficial and nothing particular had to be done to bring out its therapeutic qualities. In OT, however (a result as we have seen of a growing resentment towards the 'shoddy' workmanship of mass production), such faith in 'naturally' occurring work became shaky. As occupational therapy became more technical (demonstrated for example through the mushrooming volume of publications advising specific programmes or techniques for rehabilitation), an increasing schism developed between work in the 'real' world of mills and factories and forms of occupation that could be used therapeutically. As a profession, occupational therapists both birthed and became safe-guarders of such specifically therapeutic work. Just as early psychiatrists had depended upon a notion of psychiatric 'illness' to give authority to their developing practices, notions of a therapeutic occupation thus became a professional as well as philosophical investment.

The emergence of a systematic work therapy thus presented subtle but significant challenges to popular conceptions of work. Like moral treatment, occupational therapy privileged the sense of usefulness and purpose in work, and paralleled popular beliefs from Tuke's age onward about the dangers of idleness and introspection: 'We are too apt as doctors to think, "make him comfortable". Make him as useful as possible is a better idea!' (Hall and Buck, 1915: 22). However, whilst patients' products from the workshops were sold or put to use wherever possible, work was now undertaken *primarily* for therapeutic purposes. Despite Hall's protestations that the curative workshops (as they were called) should never become 'play shops', on closer inspection, it appeared that Hall and colleagues *did* advocate some forms of work that were devoid of external rewards: in a letter from Marblehead in 1918, for example, Hall advised an associate to instigate a three-step approach in occupational rehabilitation, of which only the final had 'vocational' intent (cited in Spackman, 1968: 68). Indeed, in Hall's OT, even the pinnacle construct of craftsmanship was subtly displaced by therapy. Marblehead correspondence reveals that by 1909, for example, Hall had discontinued teaching pottery at the sanatorium due to fears that it was too hard for patients to manage the frequent accidents with the pots (letter to Dr Frederick Shattuck, cited in Reed, 2005:35). (Ironically, this pottery work was later replaced with cement work using moulds: a less risky occupation, but one which also approximated more closely the ethic of mass production that Hall and others had tried to get away from). Not only did such actions reduce the variety of work at Marblehead, to the extent that craftsmanship might be thought of as living in relationship with one's materials, the cessation of pot-making and other such interventions disrupted patients' abilities to experience such 'craftsman's' relationship fully (Sennett, 2008). From the mid-twentieth century onwards, the earlier colloquialism 'crackpot' (literally, a cracked head) became associated with the imagined lack of dexterity of workers in occupational therapy as a sign of poor craftsmanship and faulty merchandise[i]. However, ironically, it was through denying patients the experience of cracked pots (a natural wastage in the firing process) that the dubious craftsmanship of these therapeutic activities truly became visible.

The position of therapeutic work was thus a fragile and contested one in the profession's first decades and it is important to note that at no point was OT the only conception of work therapy available. Both the sheltered dimensions of work and its soft protectionism separated OT from other competing notions of 'work cure' in early twentieth century America. The prominent medical reformer Richard Cabot, for example, despaired of the sheltered occupations that were prescribed in OT and wrote instead of nervous invalids requiring *risk* ('violence' even) in work, insisting that it was the *softening* of labour that had occurred with the advent of mass production methods that was the cause of apathy and distress (Cabot, 1909). Elsewhere Cabot (who was an associate and friend of Hall) spoke highly of OT and in some commentaries is still associated with the profession. However, it is probably not surprising that it is his contributions to social work and not occupational therapy for which Cabot is ultimately remembered.

(III) Postwar UK and USA, 1945-

To jump through history again, no narrative of therapeutic work would be complete without pause to mention the 1939-1945 war. In the asylums, the effects of the war were relatively unsurprising: traditional therapeutic craft-activities became restricted due to shortages of staff and materials and many curative workshops became reconfigured so as to allow psychiatric patients to undertake practical jobs for the war effort (Macdonald, 1957). However, the true focus of this third section is less the war itself but the immediate years following. Compared with the brief opening for truly productive and important work for psychiatric patients in the war effort, after the war the demand for marginal workers such as psychiatric patients diminished (a classic reserve labour army argument) and therapeutic work retreated into itself once more (Riddell et al., 2002). Yet in the surviving space of therapeutics, the encroachment of two major influences – biomedical reductionism and Freudian psychotherapy – brought significant revisions to the earlier romantic notion of occupational therapy. In this passing point, the intellectual encounter between these two, competing paradigms and preceding conceptions of therapeutic work are examined in the context of the postwar milieu. Primary resources are taken from both sides of the Atlantic.

To tackle first developments in the clinical sciences, in the 1940s and 1950s a new 'paradigm' of biomedical reductionism had spread throughout medicine and into associated disciplines. In essence, such developments concerned the dual drives to measure and categorise impairment as discrete malfunctions of specific body and nervous systems. Despite its previous environmental inclinations, postwar OT responded sympathetically to this revamped reductionism and occupational rehabilitation took a decisively mechanistic and bio-medical direction (Kielhofner, 2004)[ii].

The focus on the primarily *embodied* (biologic) character of work in the 'new' occupational therapy was not in itself an innovation. Hall and Buck's 1915 manuscript, tellingly entitled *The Work of the Hands*, discusses at length the physical, tactile, bodily therapeutics of manual labour. Traditional occupations were not just *handi*crafts but were congratulated for implicating the whole body: Hall's favoured occupation at Marblehead, for example, was the 'old fashioned hand-loom' for its provision of 'general exercise in strong and effective motion of arms and legs' (Hall, 1910: 13). Such concern with the physicalities of work was influenced heavily by the emerging discipline of energetics in the physical sciences. Nature was posited as an active and unstable force and the human body an object of such dynamism also. Work, the deliberate expenditure of worldly energy, was thus an ongoing biologic process:

> Literally, the human body is burning up all the time – burning up and being rebuilt. It cannot stop. The only possible preservation of our healthy activities against such a self-corrosive process as goes on to produce ulcers in the stomach is in setting one's energies – those restless, ceaseless energies – to work instead of allowing them to be turned in upon oneself (Cabot, 1909: 25).

Such philosophy grounded the biologic (organic) aspects of bodily activity to the semantics of human occupation. It bound science with philosophy and craftsmen with their clinical counterparts in the early occupational therapy collaborations. It also ensured that therapeutic work was *outward* facing; neither the self-corrosive energies of ulceration nor the purposeless tasks of 'work-for-work's-sake' could constitute the proper kind of 'energy transforming' that Cabot and other physicians at the birth of OT considered proper work.

In the later reductionist biologism of the postwar period, however, the 'binding' function of keeping work with world became inverted. Again, the biomechanical processes of the body were placed

centrally to a therapy of work, yet whereas in the old biologism, the body needed to work, in the new, it needed *working upon*. The therapeutic purpose of work became the restoration of physical function: OT busied itself with making mobility aids for injured body parts and therapeutic 'work' (such that it still existed) became mere exercises to improve physical and mental stamina. It is significant that at this time, the term 'activity therapist' became used in conjunction with the more traditional 'occupational therapist'. Practitioners wrote of bizarre experiences:

> Some occupational therapists of today are tending to utilize the bicycle saw as a means of mechanical exercise, the patient merely bicycling not sawing. In order to get the specific motion necessary, the patient may be found moving a sand block back and forth on a workbench. There is no sandpaper on the block and there is no project to sand (Spackman, 1968: 71).

Elsewhere, a poignant image given the once beautiful workfare of the Marblehead weaving industry, patients were recorded at empty spinning wheels unstrung for weaving (Kielhofner, 2004). According to Kielhofner (p. 54), such activities had become 'disembodied', yet in fact, the body and its movements were the *only* remaining connection to work. More precisely, such activities had been 'de-worlded' – their meaning confined to the body and any greater productivity in the 'real' world forsaken.

If empty spinning wheels and the move towards a biomechanical occupational therapy posed serious challenges to the limits of 'real' work, the rise of psychoanalysis did so even more. In the beginning of the twentieth century, occupational therapy (especially in the States) had been *the* humane alternative to invasive physical restraints and aggressive use of psychotropic drugs. By the 1940s and 1950s, however, this had become psychodynamic therapy.

Early occupational therapy had had an ambivalent relationship with psychoanalysis. Freud was interested in the relations between work and mental health and many early practitioners of OT had shown interest in his ideas; however, the 'fanciful' ideologies of psychoanalytic interpretation sat uncomfortably with the pragmatism of occupational therapy and, as I have argued elsewhere, despite Freud's interest in 'real world' work and employment, ultimately the true work of psychoanalysis was the psychological endeavour of self-analysis (Davidson, 1980; Author A 2010)[iii]. The rising dominance of psychotherapy in mental health service provision in the late 1940s and 1950s thus put strains on traditional, romantic beliefs in the importance of craftsmanship and 'doingness' for the fulfilment of human potential. However, a therapeutic emphasis on the arts and crafts did not disappear entirely at this point. Instead, such activities assumed a role in *diagnostics*. From the psychodynamic perspective, 'work blocks' and dysfunctional behaviours became interpreted as signs of unconscious conflicts and blocked psychosexual needs that prevented maturation of the ego (Weil, 1959). Creative activities such as painting and work with clay were seen to reveal the patient's hidden desires and provide a means of working through unconscious problems. It was at this stage that a prototype *art therapy* began being practised in hospital wards and occupational therapy studios. Whereas the aesthetic and ethical impetus for the early OT had been the careful workmanship of the Arts and Crafts movement, the inspiration for art therapy was postwar *expressionism* in its emphasis on emotional immediacy and subjective experience over objectivity and concrete reality. In terms of workmanship, diligence and mastery were replaced by speed and expression (Wood, 1997).

The ascendance of psychodynamic therapy and the birth of art therapy thus affected several 'inward turns' on therapeutic occupations. Work became a form of self-exploration (introspection) rather a construction of the self in an outside reality. Furthermore, work in the therapeutic setting ceased to

be an educative activity to bring the moral invalid into more wholesome and *adult* roles (whatever the perils of such model); rather, arts, crafts and other forms of purposeful activities became a *regressive* therapy to guide the patient through unresolved psycho-developmental conflicts. In its efforts to reveal the unconscious self, art therapy exemplified many aspects of the 'confessional' that Foucault had distrusted in his later work. Yet the aesthetics and ethics of expressionism took the self-disciplined activities which had traditionally been considered 'work' and transformed them into infantile play:

> Occupational therapy can offer opportunities for the expression and satisfaction of unconscious oral and anal needs in an actual or symbolic way through activities which involve sucking, drinking, eating, chewing and those which use excretory substitutes such as smearing or building with clay, paints, or soil' (Fidler 1958 cited in Kielhofner, 2004: 49).

Work had substituted a public meaning of work to a private one. The contrast to the heydays of moral therapy, where the work of patients was vital for the asylum's economic viability was complete. Finally, work shifted from the bodily realm to the psychic one. Spackman's sterile spinning wheels above had worked the muscles and organs of the body, yet any remaining trace of 'work' in smearing, sucking and chewing worked purely on the mind.

In the perversities of art therapy and mechanised OT alike, through turning inward, occupational activities had lost authenticity as crafts. Yet it is also important to note that in the broader socioeconomic conditions of the 1940s and 1950s, crafts themselves had also lost authenticity as sustainable ways to make a living. As handicrafts in the outside world became relegated to *hobbies* and *pastimes,* for the first time in the history of therapeutic work, the allocation of craft activities to psychiatric patients became synonymous with limitation and despair. Basket-weaving – traditionally a respected skill – became the stigmatised pursuit of asylum inmates. The derogatory term 'basket-case', used originally in the First World War to describe quadruple amputees who were carried home on 'basket' stretchers, found a new target amidst the basket-weavers of OT – in time coming to signify 'hopeless cases' and 'crazies' more generally (Center for Research in Social Policy, Worklife and Basketry 2010). Again, as with the hapless images of crackpots in the potteries, the imagery of therapeutic work that had been introduced by Tuke to *free* the madman or madwoman became simply one more method for constraining him or her.

(IV) Bristol, England & Maryland, USA, 1963-1979

The small portion of history that it is possible to discuss in one article will draw to a close with the end of the 1970s since the fate of 'therapeutic' work during and after the Reagan/Thatcher years rightly warrants a discussion of its own. However, in this last section, the era of rehabilitation and 'back-to-work training' (what we are tempted to think of now as the inevitable attitude towards work in mental health services) will be introduced in the form of two fiercely competing ideologies: 'industrial therapy' as a merger of industrial and therapeutic discourses on work, and work as it appeared in the radical and experimental therapeutic communities of 1960s 'anti'-psychiatry. The location is 1968: the heyday of radical anti-psychiatry and the patient-led movement; yet also (and equally controversially in its manner), the election of the first *industrial* manager as part of a hospital therapeutic team.

In the former and most prevalent model, work in the industrial therapy units (ITUs) took the shape of formal employment contracts in purpose-built factories, most of which were administered by the hospitals. The units were located within, or just off, hospital grounds and patients were given day-

release privileges to attend from the wards. Contracts (usually simple assembly tasks) were commissioned by external organisations and patients were paid a small 'therapeutic wage' in return for their labour. The ITUs prided themselves on their ability to compete commercially and many became successful private enterprises: at the Industrial Therapy Organization in Bristol, for example, patients manufactured ballpoint pens, boxes and dismantled telephones and worked 8.15am-5.15pm five days a week with an hour's lunch break for a packed lunch provided by the hospital (Early, 1963: 282).

Industrial therapy was the brainchild of first-wave deinstitutionalisation through and through. As a direct rejection of basket-weaving ideologies, the purpose was strictly rehabilitative and work placements were envisaged only as a stepping stone to the greater goal of employment in free market conditions. A central objective of the ITUs was to make sheltered work as 'lifelike' as possible and the rhythms and responsibilities of the workshops thus emulated the ordinary working week wherever practicable. Unlike earlier forms of OT in which patients' produce had been sold, industrial therapy was concerned with the *quantity* as well as the quality of the end output, and those who could not work efficiently enough were returned to the wards (Jones, 1972). A stark comparison to the early craftsman-clinician collaborations of the turn-of-the-century sanatoriums, psychiatrists in industrial therapy formed partnerships not with artisans but *businessmen*. Remembering the appointment in 1968 of the first 'industrial manager' at the Birmingham ITU, Imlah (the medical director at the time) reflects:

> Right from the outset Mr. Williams ignored the fact that his workers had psychiatric problems. He treated them exactly as he would a normal workforce. …. One of the main lessons we were learning was that psychiatric patients did not differ in their motivations, incentives and responses from non-psychiatric populations (Imlah, 2003:19).

The postwar optimism of industrial therapy appeared infectious and the model spread quickly throughout Europe and North America, yet it also raised questions about *where* the therapy of ITU was imagined to take place. Earlier romantic beliefs about the therapeutic value of engaging in work itself had given way to a primarily economic paradigm in which the work itself mattered minimally (the term '*compensated* work', as industrial therapy was also known, is telltale here). Nevertheless, for those who worked in the hospital industries, wages held therapeutic properties beyond spending power alone[iv]. Pay was an extrinsic motivator and encouraged patients to take steps towards seeking competitive employment; however, in the culture of the units, money was also seen as a *symbol* of progress and payday offered patients the opportunity to have the experience of accomplishment. Through the quasi-therapy of 'therapeutic earnings', classic intrinsic/extrinsic divisions in understanding motivations for working were thus at least partially destabilised.

If industrial therapy reflected the intensifying concerns with economics and performance after the war, the 1960s generated another, much different notion of work in the emergence of therapeutic communities, or 'milieu therapies' as they were also known. The communes were experimental combinations of 'anti'-psychiatry, group psychotherapy and leftwing political theory. In comparison to industrial therapy, rather than training the patient *through* work to prepare *for* work, the communities (which were most often converted wards of the de-institutionalising asylums) provided a psychological safe-space in which the patient could embark on the difficult psychological work of growing-up and moving beyond the classic (immature) role of the psychiatric inmate.

In the communities, there was no great theorisation of work where work is understood only to be the shipment of patients for a few hours to an offsite workshop. Rather, the whole experience on the ward was a 'working-towards' recovery, in a similar sense to how therapy was understood not as a

once-weekly private affair but a round-the-clock process unfolding between all community members. A hard-line philosophy of patient self-governance lay at the core of the therapeutic method and from cleaning bathrooms to planning entertainments patients were responsible for the day-to-day tasks of running the community. The crucial subtext of work in the communities was that patients *were* capable of negotiating complex social tasks but had for too long been encouraged into passive and stunted social roles by the apparatus of conventional psychiatry. In correction, if patients failed to order vegetables or arrange a thanksgiving dinner, the task would not be done by anyone else either. (In actual fact, an interesting counter-narrative here suggests that the reason these strategies worked to the extent that they did was that during the war years, staff shortages in the health professions meant that often the 'lunatics' really had taken over the asylums, thus affording older patients with the skills and experiences necessary for such responsibilities). In the psychiatrist Jan Foudraine's autobiography of life at the Chestnut Lodge Community, Maryland, a month-long struggle to get the community to take responsibility for itself is described (including the deteriorating cleanliness of the ward and consequent interrogation by the Environmental Standards Department) alongside the psychological struggles each community member must first work through before accepting responsibility for making the ward inhabitable again (Foudraine, 1974).

It is interesting to reflect on the meaning of work in the communities. The communities understood themselves as a form of education (Foudraine relabelled his a 'school for living') and spoke little of work directly, yet it was through the complex work of 'doing community' that learning was imagined to take place. Patients were expected to act as co-therapists for one another and an essential work of community was to challenge individuals who were in infringement of community rules. The effects were often explosive and ended occasionally with violence – indeed, whilst the therapeutic communities were in many ways the antithesis of the straight-talking 'work cure' prescribed by Cabot above, milieu therapy was arguably the only intervention which approached Cabot's insistence upon the therapeutic necessity of danger and risk. Novelist Joanna Greenberg's fictionalised account of her life as a patient at Chestnut Lodge (five years before the arrival of Foudraine) captures well the frequent impossibility of this work:

> Dust motes blown and floating all the patients were, but even so there were some things that could not be done. Deborah knew very well that she could never ask Miss Coral why she had thrown the bed or how it was that Mrs. Forbes' arm had been intruded upon by that bed. Lee Miller had cursed Deborah for the burnings which had resulted in the whole ward's restriction, but she had never asked why they had been done. Miss Coral could never be confronted with throwing the bed, and her friends, such as they could be, would henceforth delicately expunge the name of Mrs. Forbes from their conversation in the presence of the one who had caused her to be hurt (Greenberg, 1964:184).

Work in the communities was thus highly unconventional. However, whatever reactions their proponents provoked, at the least, in being permitted to face consequences of their actions, patients were unwrapped from the therapeutic cotton wool that had fettered work in both moral and occupational therapy. Unlike in the ITUs where an unwilling worker would simply be returned to the wards, in the communities no level of tiredness or distress would excuse the patient from the burden of his or her duty. Similar, in comparison to the fussing removal of 'risky' activities such as pottery firing in turn of the century OT, no kindly governor remained to protect patients from the possibilities of frustration. Yet, as the reader has no doubt considered already, the authenticity of work in communities was always at best contestable. In industrial therapy, work on the assembly line was under-challenging and paid little more than 'pocket money' (indeed, many of these wages would eventually be spent in the hospital tuck-shop). But it was not unlike what other (sane) low-skilled workers were doing in the competitive labour market outside the asylum and, in that sense,

the ITUs constituted a serious attempt at engaging patients in conventional adult roles. Conversely, regardless of progressivist ideology, the therapeutic communities were built as playgrounds and classrooms for psychological healing. Despite the successes of Foudraine's adventures, the potential for staff intervention remained quietly omnipresent. As for the 'real' world (for fear of diluting the therapeutic experience), patients in the communities were not even allowed outside.

(V) Discussion and Conclusion: Historicising Therapeutic Work

It would be impossible to bring to the fore all of the intriguing facets of the four 'passing points' that have been presented above; nor would it be feasible to demonstrate how elements of each of these episodes have been retained in our contemporary formulations of therapeutic work. However, before concluding, in this final section some general comments will be offered on the historicity of a therapeutic work ethic and what this can inform us about the nature of work and its relation to human wellbeing more broadly.

As hinted at in the introduction, it is an easy temptation for histories of work-based therapies (particularly those which chronicle the development of the rehabilitative professions) to tend towards 'directionalist' accounts of the changing beliefs about therapeutic work. Certainly, in some respects, such perspectives are helpful: as supported by this research, for example, in the period of history addressed in this article, practitioners of work-based therapies have experienced greater professionalisation and organisation. Relatedly, as other research has argued (Mocellin, 1996; Blair and Hume, 2002), work-based therapies have steadily attracted more systematic and 'evidence based' theorisations for their conceptual foundation. However, the greater purpose of this article instead has been to show that beyond such linear trajectories, complex ribbons of continuity and repetition can be observed in the challenges faced by the therapeutic professions. Such repetition appears not in the specific *kinds* of work that have variously been considered therapeutic (which, as seen, have been highly contingent on wider socioeconomic factors), but rather through the recurring *tensions* or *frictions* that have surrounded their application. In each of the episodes presented here, conceptions of therapeutic work have been faced with a host of recurrent tensions: between economically viable employment and specifically 'therapeutic' occupations; between the competing requirements of protectionism and reality; between works undertaken by the mass public and the golden work of a pre-industrial age. Not only in striking images of empty spinning wheels but from Tuke's 'mild management' onwards, therapeutic work has bounced between notions of 'working on the self' and 'working with one's hands' (the therapeutic processes of introspection and exteriorisation, respectively). Finally, in the myriad manifestations of a therapeutic work ethic, even the mechanisms of therapy have been disputed: does the patient get better through *doing* work or through the *rewards of work* (whether esteem or financial compensation); or as Foucault and Scull and other commentators have argued, is work not the mechanism of therapy, but rather the therapeutic *goal* (i.e. through rendering souls fit for the labour market)? As suggested in the introduction, a key point of this argument is that such tensions have emerged not as epochal moments but recurring impasses, and that no particular style of treatment or therapy has successfully resolved or passed over such issues.

What then, finally, can be concluded about the nature of therapeutic work from studying its historic development? To many, it will seem intuitive to suppose that the kind of history presented in this article must adopt a primarily *non*-essentialist (social-constructivist) conception of work, for if each of the diverse range of activities described in this article may be considered a work-form (and certainly, for their practitioners, they have been) then few guiding attributes or principles seem capable of binding them together. However, through drawing attention to the recurring *tensions*

surrounding therapeutic occupations, there nevertheless appears something paradoxically enduring in our human (pre)-occupation with work. Certainly, from the exploration recounted here, it seems justified to reject any hard-line essentialism regarding the properties of work that should be considered 'therapeutic'. Likewise, readers may feel that the naturalism of Galen's opening quotation is disputable given the numerous *social* interventions that have been considered necessary to render work therapeutic. Yet nonetheless, through focusing on the surprising recurrence of conceptual and ethical conundrums throughout the otherwise diverse history of therapeutic work, something central, vital even, in our human relationship to work if not in work itself can also be redeemed.

Bibliography

Applebaum, H. (1992) *The Concept of Work: Ancient, Medieval, and Modern,* Albany: State University of New York Press.

Bing, R. (1981) 'Occupational Therapy Revisited: A Paraphrastic Journey', *American Journal of Occupational Therapy,* 35(499-518).

Blair, S. & Hume, C. (2002) 'Health, Wellness and Occupation' in J. Creek (Ed.) *Occupational Therapy and Mental Health*, London: Churchill Livingstone.

Bracken, P. (1995) 'Beyond Liberation: Michel Foucault and the Notion of a Critical Psychiatry', *Philosophy, Psychiatry, & Psychology,* 2(1)**,** 1-13.

Browne, W. (1837) *What Asylums Were, Are and Aught to Be,* reprinted in A. Scull, (1991), The asylum as Utopia. Routledge: London

Cabot, R. (1909) 'Work Cure', *Psychotherapy,* 3(1)**,** 24-29.

Center (2010) Stigmatized: Basketry as Occupational Therapy in Mental Hospitals, Penitentiaries, Institutions for the Disabled and Developmentally Disabled. Center for Research in Social Policy, Worklife and Basketry.

Davidson, L. (1980) 'The Strange Disappearance of Adolf Meyer', *Orthomolecular Psychiatry,* 9(2)**,** 135-143.

Doerner, K. (1981) *Madmen and the Bourgeoisie: A Social History of Insanity and Psychiatry,* Oxford: Basil Blackwell.

Early, D. (1963) 'The Industrial Therapy Institution (Bristol)' in H. Freeman & J. Farndale (Eds.) *Trends in the Mental Health Services*, Oxford: Pergamon Press

Foucault, M. (1967) *Madness and Civilisation: A History of Insanity in the Age of Reason,* London: Tavistock.

Foudraine, J. (1974) *Not Made of Wood: A Psychiatrist Discovers His Own Profession,* London: Macmillan.

Freud, S. (2002) *Civilization and Its Discontents,* London: Penguin.

Gerard, D. (1997) 'Chiarugi and Pinel Considered: Soul's Brain/Person's Mind', *Journal of the History of the Behavioural Sciences,* 33(4)**,** 381-403.

Gijswijt-Hofstra, M. & Porter, R. (eds.) (2001) *Cultures of Neurasthenia: From Beard to the First World War,* Amsterdam, Editions Rodopi.

Greenberg, J. (1964) *I Never Promised You a Rose Garden,* New York: Rinehart and Winston

Hall, H. (1910) 'Work-Cure: A Report of Five Years' Experience at an Institution Devoted to the Therapeutic Application of Manual Work', *Journal of the American Medical Association,* 54(1)**,** 12-14.

Hall, H. & Buck, M. (1915) *The Work of the Hands: A Study of Occupations for Invalids,* New York: Moffat, Yard & Company.

Hocking, C. (2008a) 'The Way We Were: Romantic Assumptions of Pioneering Occupational Therapists in the United Kingdom', *The British Journal of Occupational Therapy,* 71(4)**,** 146-154.

Hocking, C. (2008b) 'The Way We Were: Thinking Rationally', *British Journal of Occupational Therapy,* 71(5)**,** 185-195.

Hocking, C. (2008c) 'The Way We Were: The Ascendance of Rationalism', *British Journal of Occupational Therapy,* 71(6)**,** 226-233.

Imlah, N. (2003) *Work Is Therapy: The History of the Birmingham Industrial Therapy Association 1963-2003,* Studley: Brewin Books.

Jones, K. (1972) *A History of the Mental Health Services,* London: Routledge and Kegan Paul

Kielhofner (2004) *Conceptual Foundations of Occupational Therapy,* Philadelphia: F.A. Davis Company.

Laws, J. (2010) '''Recovery Work'' and ''Magic'' among Long-term Mental Health ServiceUsers', Sociological Review, under review [submitted August 2010].

Lears, J. (2009) *Rebirth of a Nation: The Making of Modern America, 1866-1920,* New York: Harpercollins.

Lilleleht, E. (2002) 'Progress and Power: Exploring the Disciplinary Connections between Moral Treatment and Psychiatric Rehabilitation', *Philosophy, Psychiatry, & Psychology,* 9(2)**,** 167-182.

Lovejoy, A. (1936) *The Great Chain of Being: A Study in the History of an Idea,* Cambridge, MA: Harvard University Press.

Macdonald, E. (1957) 'History of the Association, 1942-1945', *Occupational Therapy,* June**,** 30-33.

Meyer, A. (1922) 'The Philosophy of Occupation Therapy', *Archives of Occupational Therapy,* 1(1)**,** 1-10.

Mocellin, G. (1995) 'Occupational Therapy: A Critical Overview, Part 1', *British Journal of Occupational Therapy,* 58(12)**,** 502-506.

Mocellin, G. (1996) 'Occupational Therapy: A Critical Overview, Part 2', *British Journal of Occupational Therapy,* 59(1)**,** 11-16.

Paterson, C. (2002) 'A Short History of Occupational Therapy in Psychiatry' in J. Creek (Ed.) *Occupational Therapy and Mental Health*, London: Churchill Livingstone.

Philo, C. (2004) *A Geographical History of Institutional Provision for the Insane from Medieval Times to the 1860's in England and Wales,* Lampeter: Edwin Mellen Press.

Reed, K. (2005) 'Hall and the Work Cure', *Occupational Therapy in Health Care,* 19(3)**,** 33-50.

Riddell, S., Banks, P. & Wilson, A. (2002) 'A Flexible Gateway to Employment? Disabled People and the Employment Service's Work Preparation Programme in Scotland', *Policy & Politics,* 30**,** 213-230.

Scull, A. (1981) 'Moral Treatment Reconsidered' in A. Scull (Ed.) *Madhouses, Mad-Doctors and Madmen* London: Athlone Press.

Sennett, R. (2008) *The Craftsman,* London: Penguin.

Serrett, K. (1985) *Philosophical and Historical Roots of Occupational Therapy,* London: Haworth Press.

Smelser, N. & Erikson, E. (eds.) (1980) *Themes of Work and Love in Adulthood,* Cambridge, Mass., Harvard University Press.

Spackman, C. (1968) 'A History of the Practice of Occupational Therapy for Restoration of Physical Function', *The American Journal of Occupational Therapy,* 22**,** 66-71.

Tuke, S. (1813) *Description of the Retreat, an Institution near York, for Insane Persons of the Society of Friends,* York: W. Alexander.

Weil, E. (1959) 'Work Block: The Role of Work in Mental Health', *The Psychoanalytic Review,* 46**,** 41-64.

Weir-Mitchell, S. (1884) *Fat and Blood: An Essay on the Treatment of Certain Forms of Neurasthania and Hysteria,* London: Lippincot.

Wood, C. (1997) 'The History of Art Therapy and Psychosis' in K. Killick & J. Schaverien (Eds.) *Art, Psychotherapy and Psychosis*, London: Routledge.

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[i] The Oxford English Dictionary is equivocal about this link, but numerous oral histories of ex-patients and staff documented on the internet recall such vocabularies from the 1930s onwards. See http://www.upstatenyafricanheritage.com/margaretcunningham.html (last accessed 10 July 2010) for an example.

[ii] A biomechanical orientation in OT had to a lesser extent been advanced in response to the physically injured servicemen of the First World War. However, a strong case remains for suggesting that the *extent* and *reductionism* of the paradigm was specific to the second postwar moment.

[iii] Freud cites paid work as the most effective mechanism to tie the individual to reality (Freud, 2002: 14); allegorically, he also stated that love and work were the cornerstones for adult happiness (Smelser and Erikson, 1980, as according to Freud's daughter, Anna).

[iv] These remarks are based on narrative interviews with older mental health service-users, conducted by the author. See Author A (2010) for a description of methods and scope of the project.